

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Newark* TownCounty *Winchester*Date of death *1905 April*

Month

Day *11*

Age

Years *3*Months *2*Days *—*Sex *Male*Color or  
Race *White*Birth-  
place *Maryland*

Occupation

Where Residing if not  
at place of death~~Married~~, Single  
or ~~Widowed~~Name of Wife or  
HusbandFather's  
Name *Harry Bowen*Father's  
Birthplace *Maryland*Mother's  
Maiden Name *Mattie R Mcmurry*Mother's  
Birthplace *Maryland*Name of person giving  
In formation *Harry Bowen*How related  
to deceased *Father*

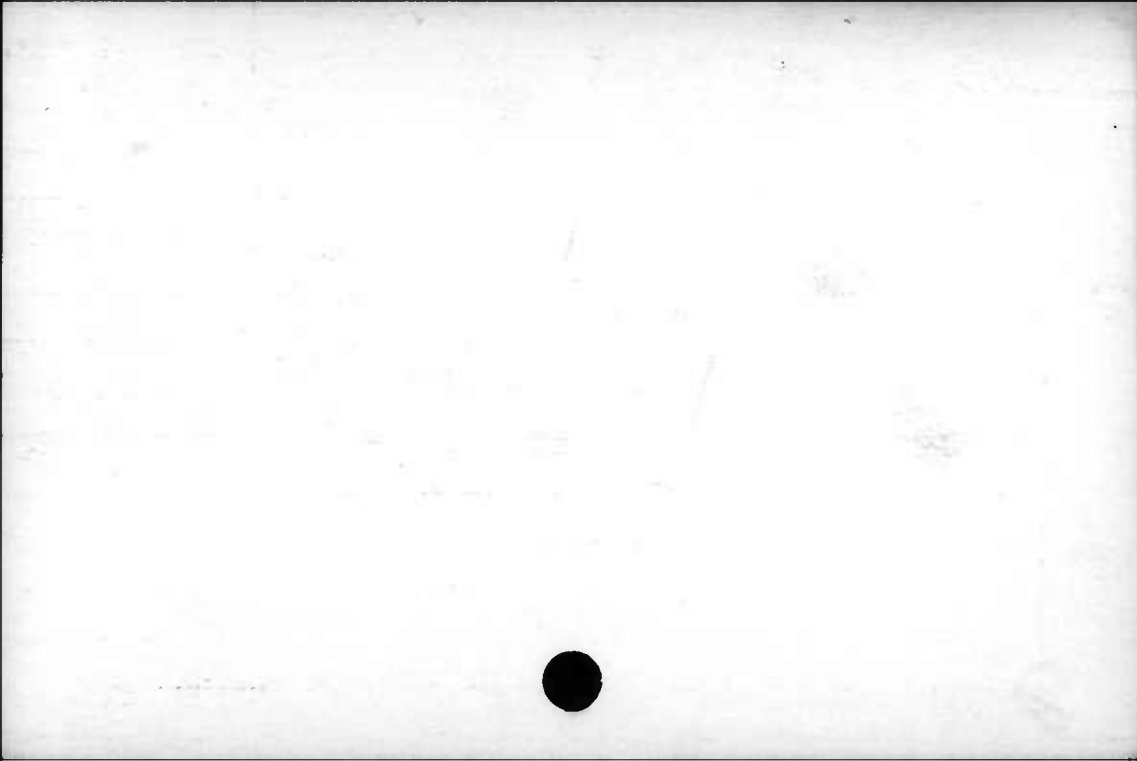
## CAUSES OF DEATH

Primary *Syphilitic Fever*How long *3 weeks*

Immediate

Are the name, age, sex, color, date  
and place correctly given above? *yes*Signature of  
Physician *Carl Jones*Address *Smiths River Md*

Accident or Suicide?



Name in Full		Annie Dashields				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at Town Snowhill		County Worcester		MARYLAND	
		Date of death 1905		Month Apr		Day 8	
		Age Years		Months		Days 2 1/2	
		Sex Female		Color or Race Colored		Birth- place Snowhill	
		Occupation None		Where Residing if not at place of death Snowhill			
		Married, Single or Widowed —		Name of Wife or Husband —			
		Father's Name Will Douglass		Father's Birthplace Ind			
Mother's Maiden Name Bertha Dashields		Mother's Birthplace Ind					
Name of person giving In formation Mollie Dashields		How related to deceased Mother					
CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary Head Falls		How long 2 days			
		Immediate		How long			
		Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician None Dr S. Williams			
		Worcester County		Address Snowhill P.O. Maryland			
Accident or Suicide?		County					



Name  
in  
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Dorcas Ann Davis

## CERTIFICATE OF DEATH

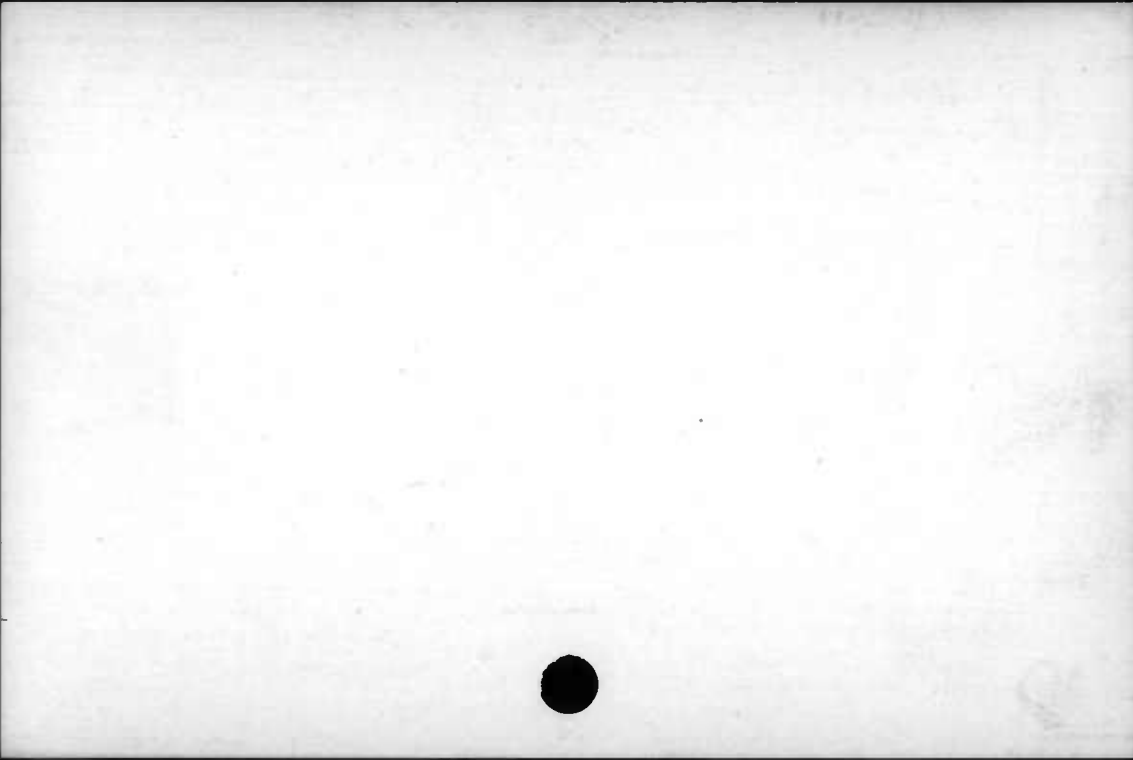
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Mar Berlin</i>		County <i>Worcester</i>		MARYLAND	
Date of death <i>1904</i>	Month <i>4</i>	Day <i>17</i>	Age <i>84</i>	Months <i>1</i>	Days <i>25</i>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Ind</i>		
Occupation <i>House keeper</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband <i>Peter C Davis</i>				
Father's Name <i>—</i>			Father's Birthplace <i>—</i>		
Mother's Maiden Name <i>—</i>			Mother's Birthplace <i>—</i>		
Name of person giving information <i>Silas Davis</i>			How related to deceased <i>S. son</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>General Debility</i>	How long <i>4 days</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Physician <i>Dr. J. W. Pitts</i>
	Address <i>Berlin Ind</i>
Accident or Suicide? <i>2</i>	



Name  
in  
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## CERTIFICATE OF DEATH

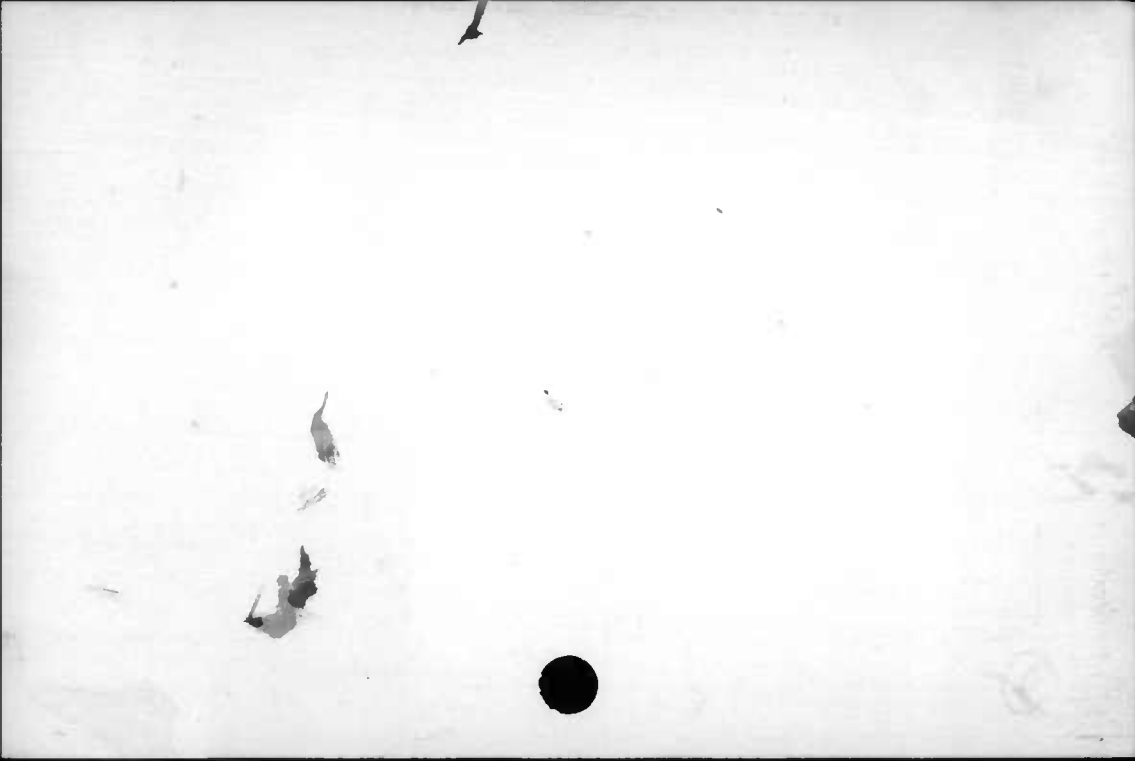
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Near <i>Berlin</i>		<i>Worcester</i>					
Date of death		Month	Day	Age	Years	Months	Days
1905		4	5	75			
Sex	Female		Color or Race	white		Birth-place	red
Occupation	House wife			Where Residing if not at place of death			
Married, Single or Widowed	Married		Name of Wife or Husband <i>Johnson Dennis</i>				
Father's Name						Father's Birthplace	
Mother's Maiden Name						Mother's Birthplace	
Name of person giving information	<i>John Brittingham</i>					How related to deceased	Wife

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Pneumonia</i>	How long	<i>10 days</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>Dr J E Dirichson</i>
		Address	<i>Berlin</i>
			<i>red</i>
Accident or Suicide?			





Name  
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CERTIFICATE OF DEATH

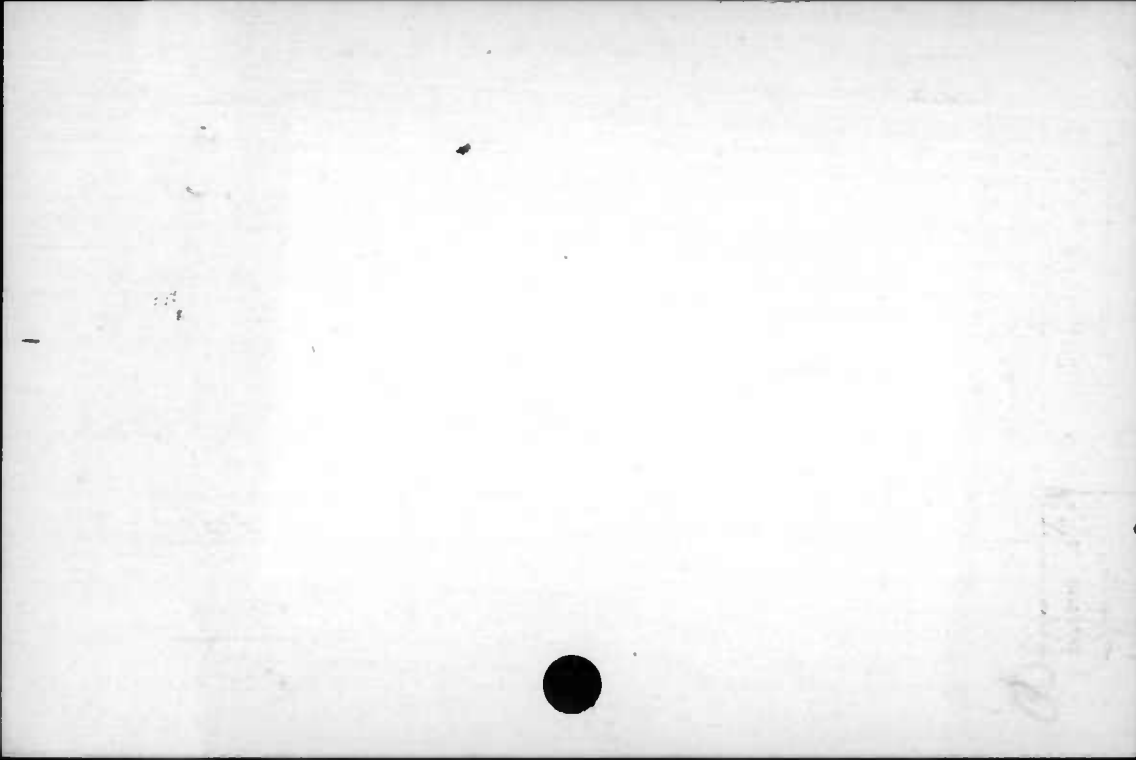
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Johnson Drums</i>		Town <i>Berlin</i>		County <i>Worcester</i>		State <i>MARYLAND</i>	
Date of death <i>1908</i>		Month <i>4</i>	Day <i>7</i>	Age <i>75</i>	Years <i>75</i>	Months <i>4</i>	Days <i>1</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Ind</i>				
Occupation <i>Farmer</i>			Where Residing if not at place of death				
Married, Single or Widowed <i>Widowed</i>			Name of Wife or Husband				
Father's Name <i>—</i>				Father's Birthplace			
Mother's Maiden Name <i>—</i>				Mother's Birthplace			
Name of person giving information <i>John Brittingham</i>				How related to deceased <i>Wife</i>			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Pneumonia</i>	How long <i>10 days</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr. J. C. Dickinson</i>
	Address <i>Berlin</i>
Accident or Suicide?	<i>Ind</i>



Name  
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Edward Ewell

## CERTIFICATE OF DEATH

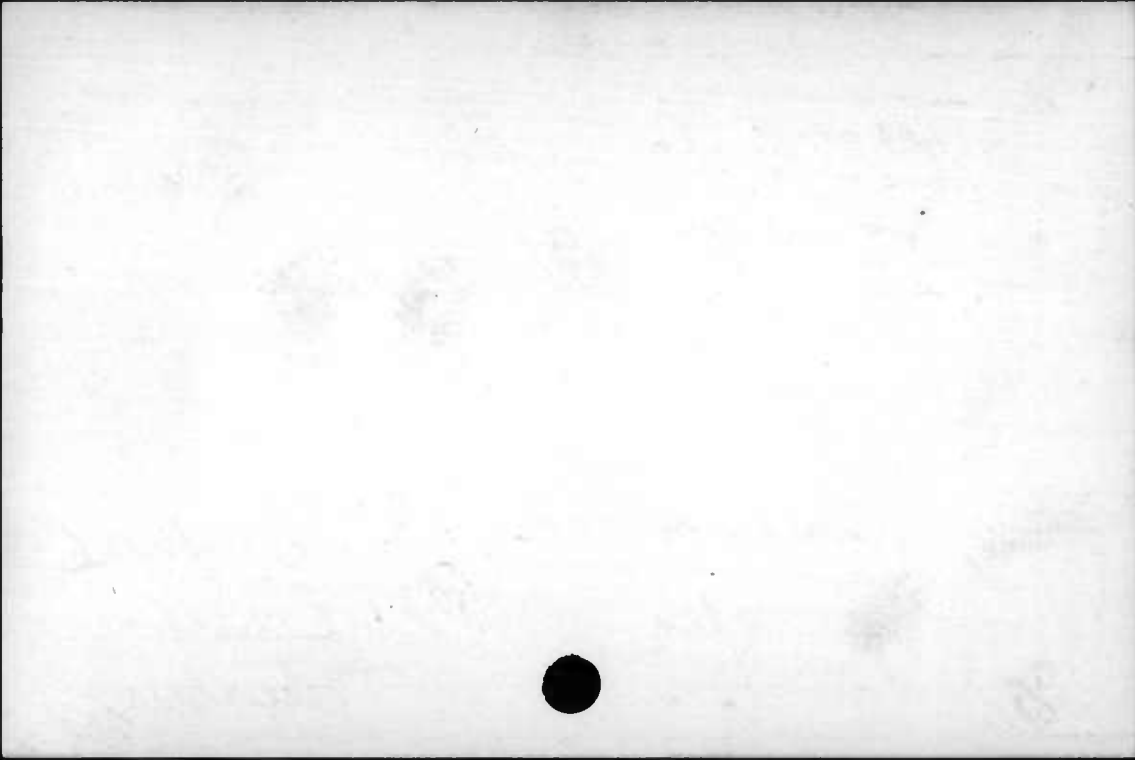
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Mar</i> <sup>Town</sup> <i>Berlin</i> <sup>County</sup> <i>Worcester</i>		MARYLAND	
Date of death <i>1905</i>	Month <i>4</i>	Day <i>16</i>	Age <i>46</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Ind</i>	Months <i>—</i> Days <i>—</i>
Occupation <i>Farmer</i>	Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Miss Holston</i>		
Father's Name <i>—</i>	Father's Birthplace <i>—</i>		
Mother's Maiden Name <i>—</i>	Mother's Birthplace <i>—</i>		
Name of person giving information <i>William Parsons</i>	How related to deceased <i>None</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Pneumonia</i>	How long <i>2 weeks</i>
Immediate <i>93</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Dr R. P. Collier</i>
<i>D</i>	Address <i>Berthelville Ind</i>
	Accident or Suicide? <i>—</i>



Name  
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Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Fraunces Ewell*

Died at *Berlin* <sup>Town</sup> *Wor* <sup>County</sup>

**MARYLAND**

Date of death *1905* <sup>Month</sup> *April* <sup>Day</sup> *12* <sup>Age</sup> *25* <sup>Years</sup> *15* <sup>Months</sup> *15* <sup>Days</sup>

Sex *Female* Color or Race *white* Birth-place *Berlin*

Occupation *Housewife* Where Residing if not at place of death

Married, Single or Widowed *Single* Name of Wife or Husband *David Ewell*

Father's Name *Charles Cropper* Father's Birthplace

Mother's Maiden Name Mother's Birthplace

Name of person giving information How related to deceased

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Pneumonia* *90* How long *1 week*

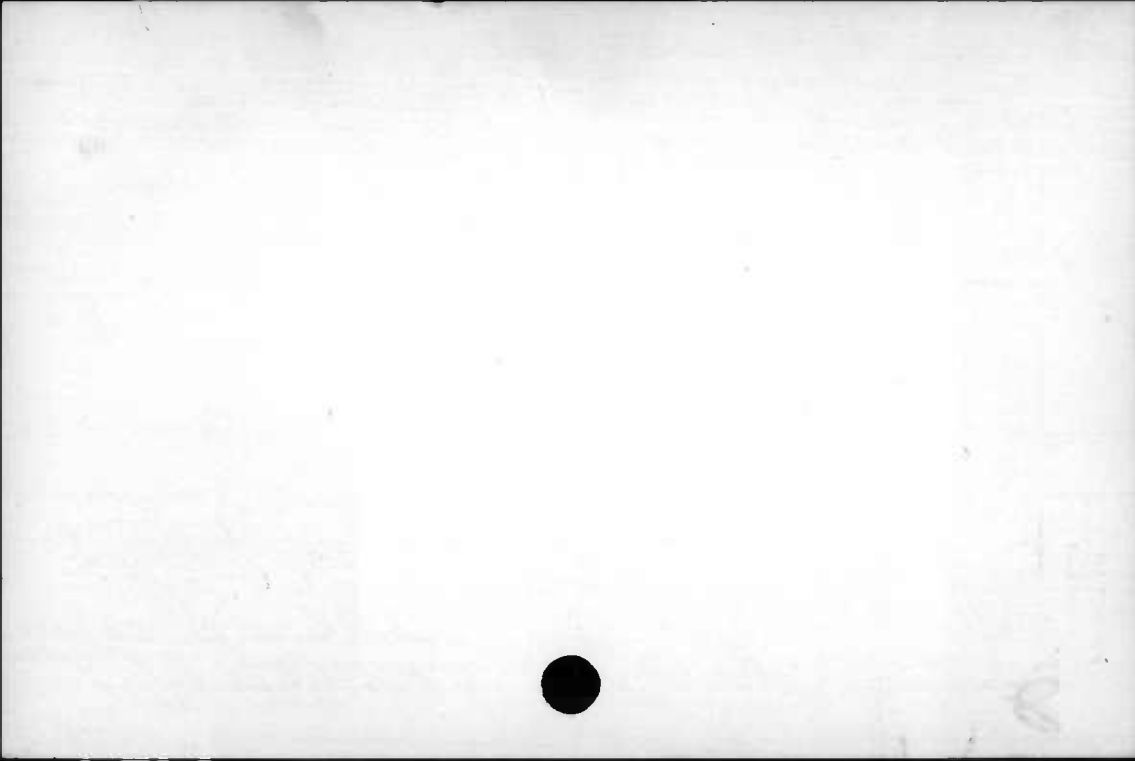
Immediate

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *C. W. Bircham*

Address *Berlin*

Accident or Suicide?



Name  
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## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Pawmoke city*

Town

*Worcester*

County

Date of death *1905*

Month

*April*

Day

*20*

Age

Years

*6*

Months

Days

Sex *Female*Color or  
Race*Colored*Birth-  
place*Worcester Co.*

Occupation

*Infant*Where Residing if not  
at place of death*Pawmoke city Md*Married, Single  
or WidowedName of Wife or  
HusbandFather's  
Name*Israel Gale*Father's  
Birthplace*Worcester Co.*Mother's  
Maiden Name*Sarah Pellett*Mother's  
Birthplace*" "*Name of person giving  
In formation*Saml Schoolfield*How related  
to deceased*Neighbor*

## CAUSES OF DEATH

Primary

*Erythroid Fever*

How long

*Two weeks*

Immediate

*Exhaustion & Collapse*

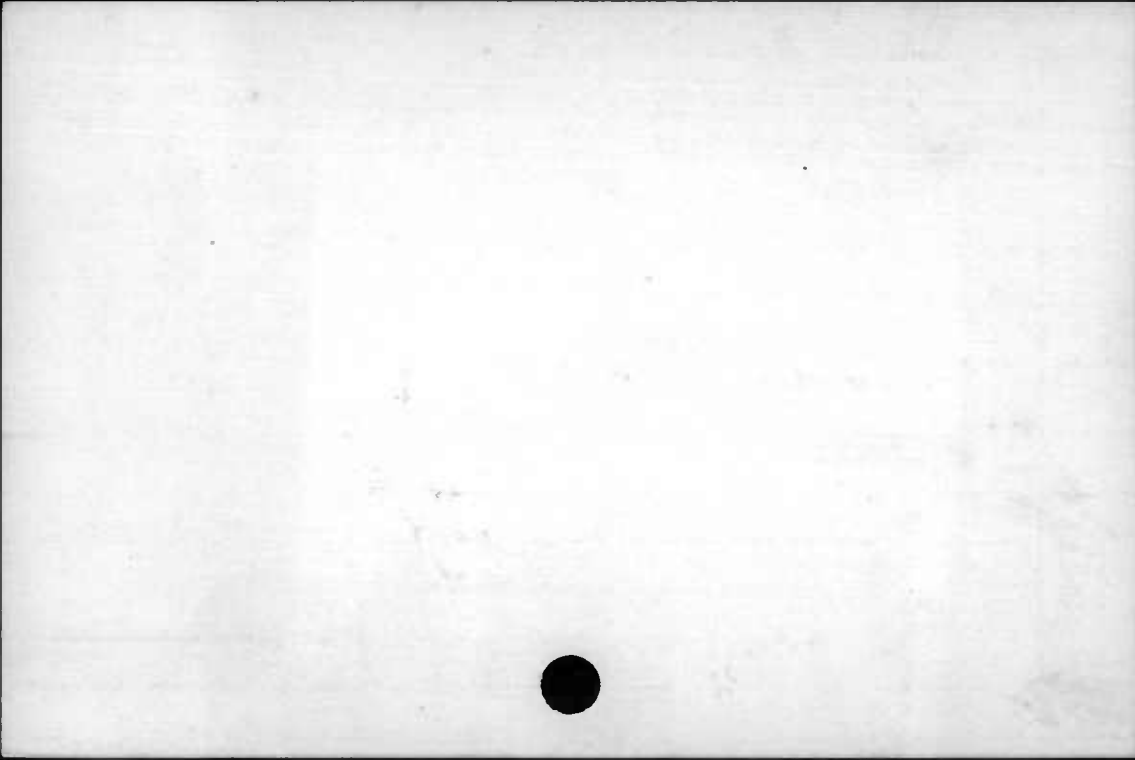
How long

*" "*Are the name, age, sex, color, date  
and place correctly given above?*Yes*Signature of  
Physician

Address

*Saml T. Quinn  
Pawmoke City Md*

Accident or Suicide?





Name in Full		HARRY GALE				CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND	Died at	Pawmoke city		Monroester County		MARYLAND				
	Date of death 190	5	Month	april	Day	24	Age	6	Years	
	Sex	Male		Color or Race	colored		Birth-place	Monroester Co		
	Married, Single or Widowed	Infant				Occupation	—			
	Name of Wife or Husband	—								
	Father's Name	Israel Gale					Father's Birthplace	" "		
	Mother's Maiden Name	Sarah Gullette					Mother's Birthplace	" "		
Name of person giving information	Samuel Schoofield					How related to deceased	uncle			
CAUSES OF DEATH										
PHYSICIAN OR CORONER	Primary	Typhoid Fever					How long	5 weeks		
	Immediate	Perforation of bowels					How long	1 day		
	Are the name, age, sex, color, date and place correctly given above?	yes					Signature of Physician	Wm L. Quinn		
	Address	Pawmoke city, Md								
Accident or Suicide?										



Name  
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4/2/11

Gilmore

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at Stockton Town

Worcester County

Date of death 1905 4 Month 22 Day Age — Years — Months — Days 7

Sex Boy Color or Race Black Birth-place md

Occupation — Where Residing if not at place of death —

— Single or Widowed Name of Wife or Husband —

Father's Name John Gilmore Father's Birthplace Del

Mother's Maiden Name Nellie Townsend Mother's Birthplace md

Name of person giving Information Geo H Rowley Undertaker How related to deceased —

CAUSES OF DEATH

Primary Heart failure How long 79

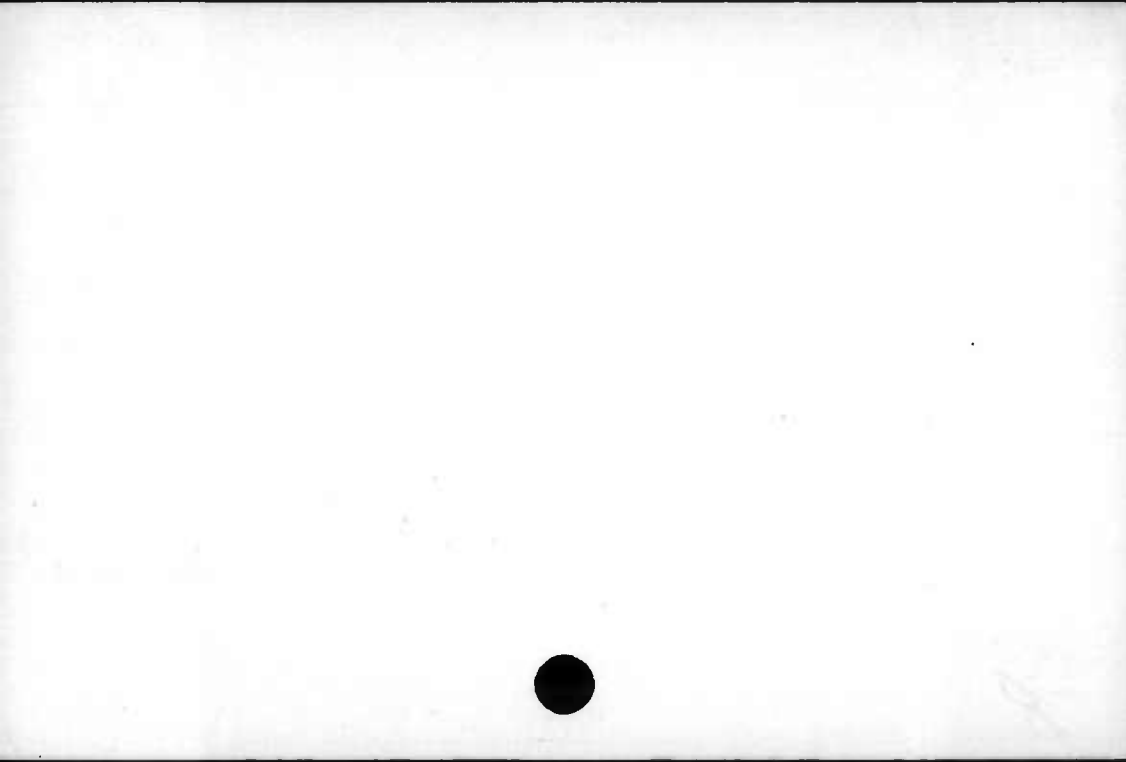
Immediate Heart failure How long —

Are the name, age, sex, color, date and place correctly given above? — Signature of Physician —

Address —

Accident or Suicide? —

PHYSICIAN  
OR CORONER



Name  
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John F. Gootie

## CERTIFICATE OF DEATH

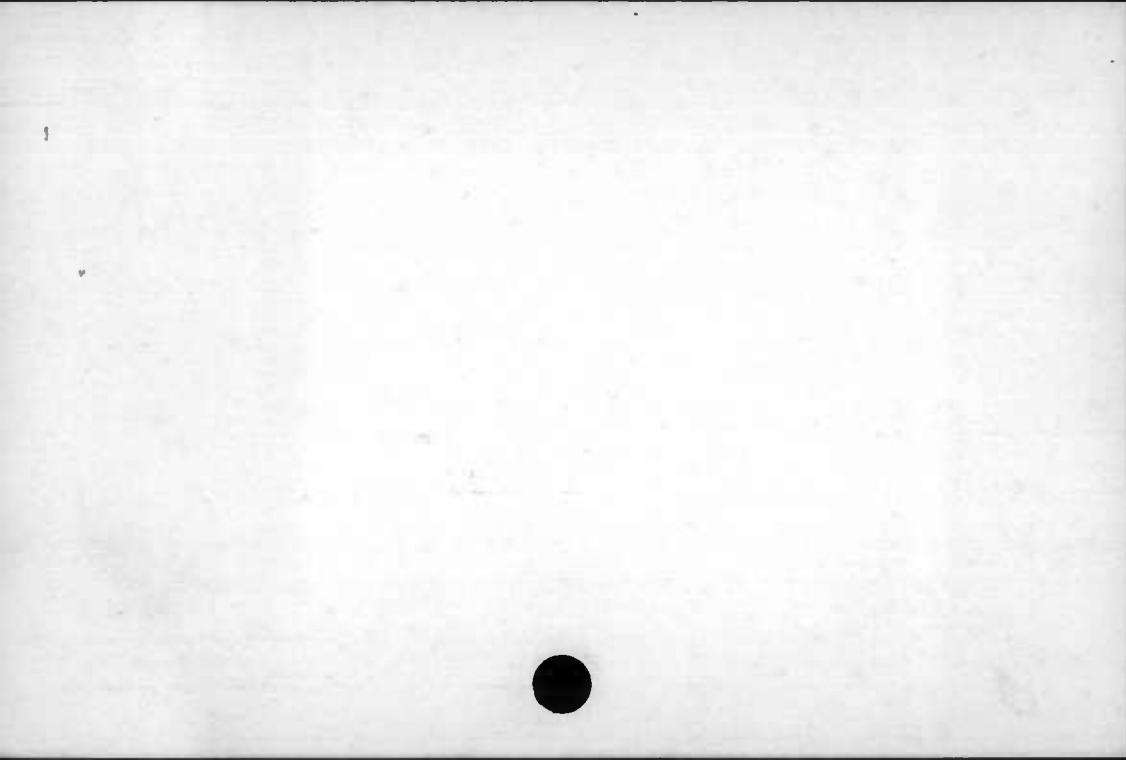
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death		Month	Day	Age	Years	Months
1905		Apr	3	72		
Sex	Male	Color or Race	White		Birth-place	Frederick Co Md
Occupation	Farmer		Where Residing If not at place of death			
Married, Single or Widowed	Married		Name of Wife or Husband			
		Mary Grace Covington				
Father's Name	Don't know				Father's Birthplace	
Mother's Maiden Name	Don't know				Mother's Birthplace	
Name of person giving information	H. J. Covington				How related to deceased	None

## CAUSES OF DEATH

PHYSICIAN  
OR CORNER

Primary	Asthma	How long	years
Immediate	Influenza (Prostration)	How long	2 weeks
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician		
	Address		
	Frederick City, Md		
Accident or Suicide?			



Name  
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Full

CERTIFICATE OF DEATH

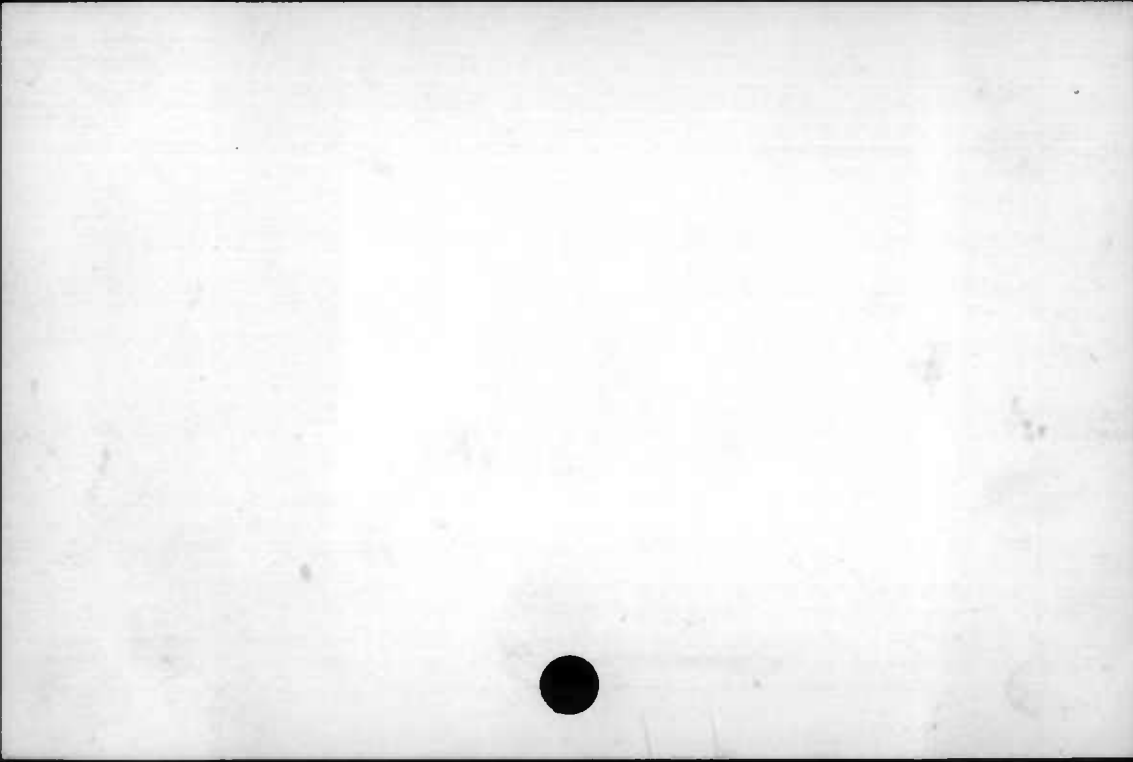
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Harvey Gray</i>		Town <i>Snow Hill</i>		County <i>Monroester</i>		MARYLAND	
Died at <i>Snow Hill</i>		Month <i>April</i>		Day <i>11</i>		Years <i>6.8</i>	
Date of death <i>1905</i>		Months <i>11</i>		Days <i>✓</i>			
Sex <i>female</i>		Color or Race <i>white</i>		Birth-place <i>Ind</i>			
Occupation _____		Where Residing if not at place of death _____					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Harry Gray</i>					
Father's Name _____		Father's Birthplace _____					
Mother's Maiden Name _____		Mother's Birthplace _____					
Name of person giving information <i>Miss Lizzie Gray</i>		How related to deceased <i>Daughter</i>					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>L. A. Grippe</i>		How long <i>3 weeks</i>	
Immediate <i>Drunken asphyxiation</i>		How long <i>2 weeks</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>W. D. Strang, M.D.</i>	
Address <i>Snow Hill, Ind.</i>		Address <i>Snow Hill, Ind.</i>	
Accident or Suicide? <i>✓</i>		✓	





Name  
in  
Full

## CERTIFICATE OF DEATH

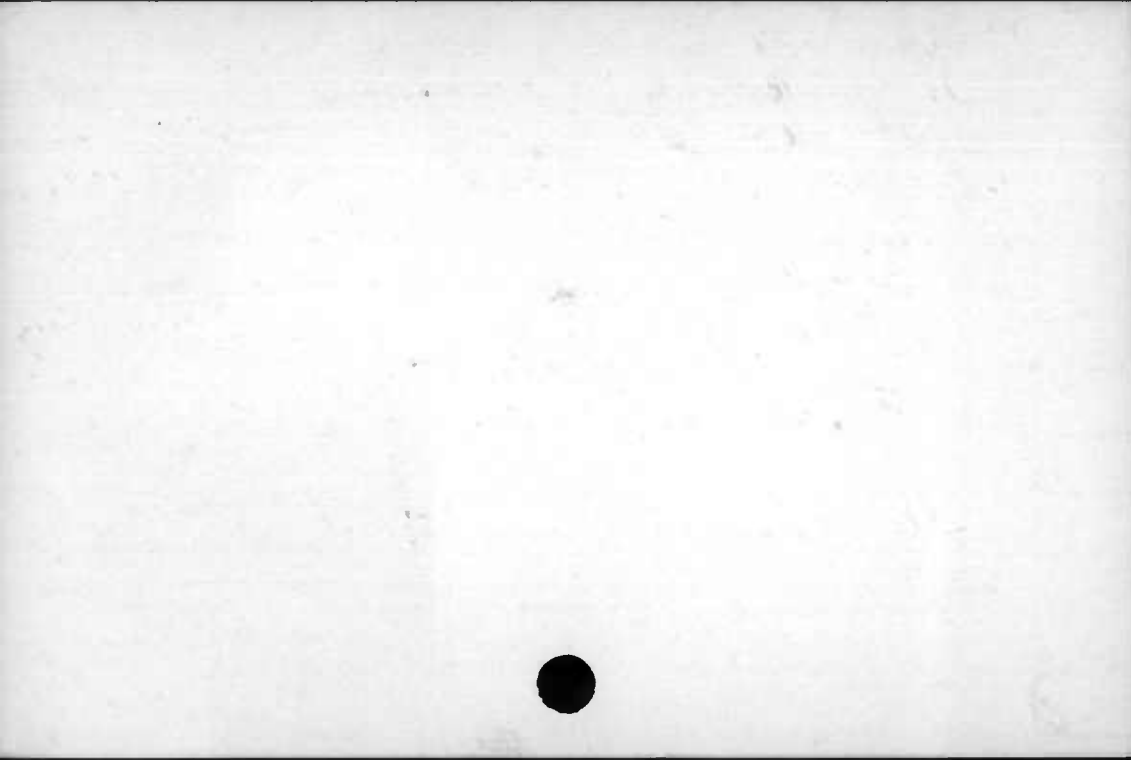
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Wynne D Gandy</i>		Town <i>Pocomoke City</i>		County <i>Worcester</i>		MARYLAND	
Died at <i>Pocomoke City</i>		Date of death <i>1905</i>		Age <i>28</i>		Months <i>1</i> Days <i>28</i>	
Sex <i>Male</i>		Color or Race <i>Caucasian</i>		Birthplace <i>Pocomoke City</i>			
Occupation				Where Residing if not at place of death <i>Pocomoke City</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>John E Gandy</i>				Father's Birthplace <i>Pocomoke City</i>			
Mother's Maiden Name <i>Julia B Smith</i>				Mother's Birthplace <i>Germany</i>			
Name of person giving information <i>Sabra Bailey</i>				How related to deceased <i>None</i>			

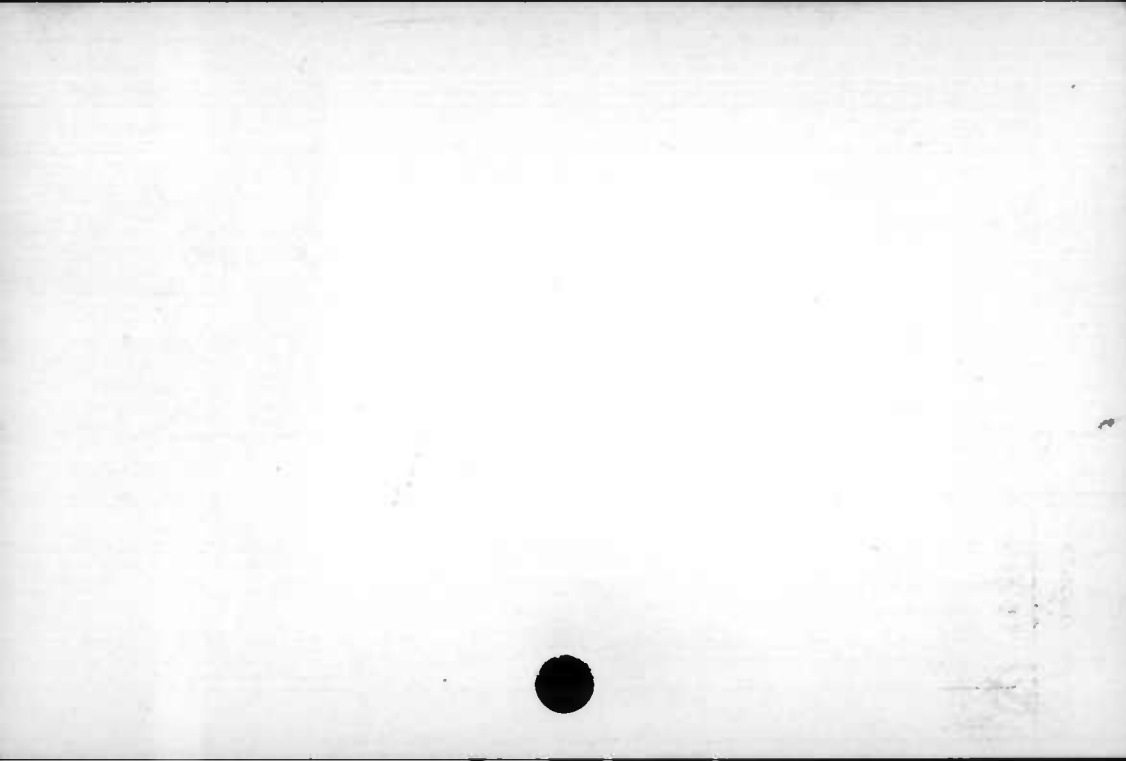
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Stomach</i>		How long <i>3</i>	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician	
		Address	
Accident or Suicide?			



Name in Full		Daniel L. Hudson				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town Berlin	County Worcester	MARYLAND		
		Date of death	1901	Month 4	Day 6	Age 73	Years —	Months —
		Sex	Male		Color or Race	White		Birth place
		Occupation	Real Estate Agt.		Where Residing if not at place of death		Md	
		Married, Single or Widowed	Married		Name of Wife or Husband	Kate - Brown		
PHYSICIAN OR CORONER		Father's Name	J. W. Hudson		Father's Birthplace	Md		
		Mother's Maiden Name	Comfort -		Mother's Birthplace	C.		
		Name of person giving information	J. E. Wise		How related to deceased	none		
		CAUSES OF DEATH						
PHYSICIAN OR CORONER		Primary	Pneumonia			How long	1 day	
		Immediate				How long		
		Are the name, age, sex, color, date and place correctly given above?			Signature of Physician		J. W. Pitts	
					Address		Berlin Md	
8		Accident or Suicide?						



Name  
in  
Full

Howard. Lause


## CERTIFICATE OF DEATH

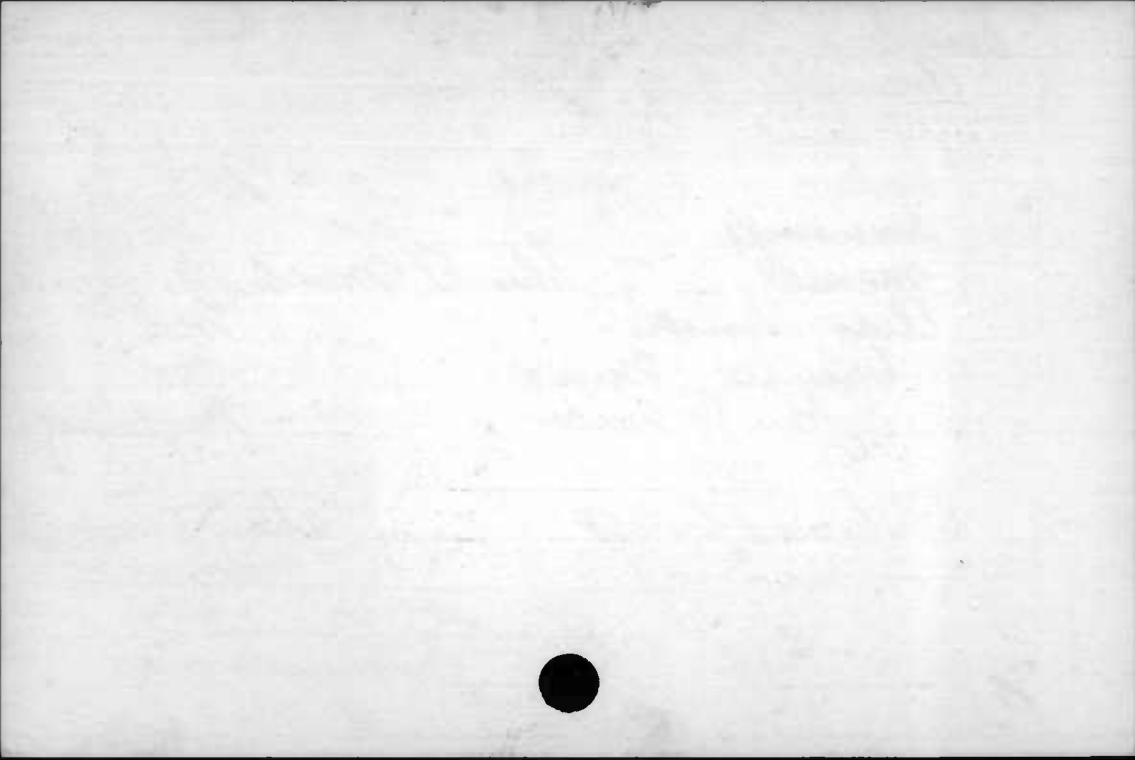
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Snow Hill</u>		Town <u>Morristown</u>		County		MARYLAND	
Date of death <u>190</u>	Month <u>Apr.</u>	Day <u>6.</u>	Years <u>20</u>	Months		Days	
Sex <u>Male</u>		Color or Race <u>Colored</u>		Birth-place <u>Morristown</u>			
Occupation <u>day work</u>		Where Residing If not at place of death <u>Morristown</u>					
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>Caleb Lause</u>					
Father's Name <u>Caleb Lause Lause</u>		Father's Birthplace <u>Morristown</u>					
Mother's Maiden Name <u>Lizzie Lause</u>		Mother's Birthplace <u>Morristown</u>					
Name of person giving information <u>Mary Lause</u>		How related to deceased <u>Mother-in-law</u>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	How long
Immediate <u>Heart Disease</u>	How long <u>3 or 4 months</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Lane Jones</u>
 Accident or Suicide? <u>Accident</u>	Address <u>Snow Hill</u>
	<u>Med.</u>



Name  
in  
Full

William Mc Daniel

## CERTIFICATE OF DEATH

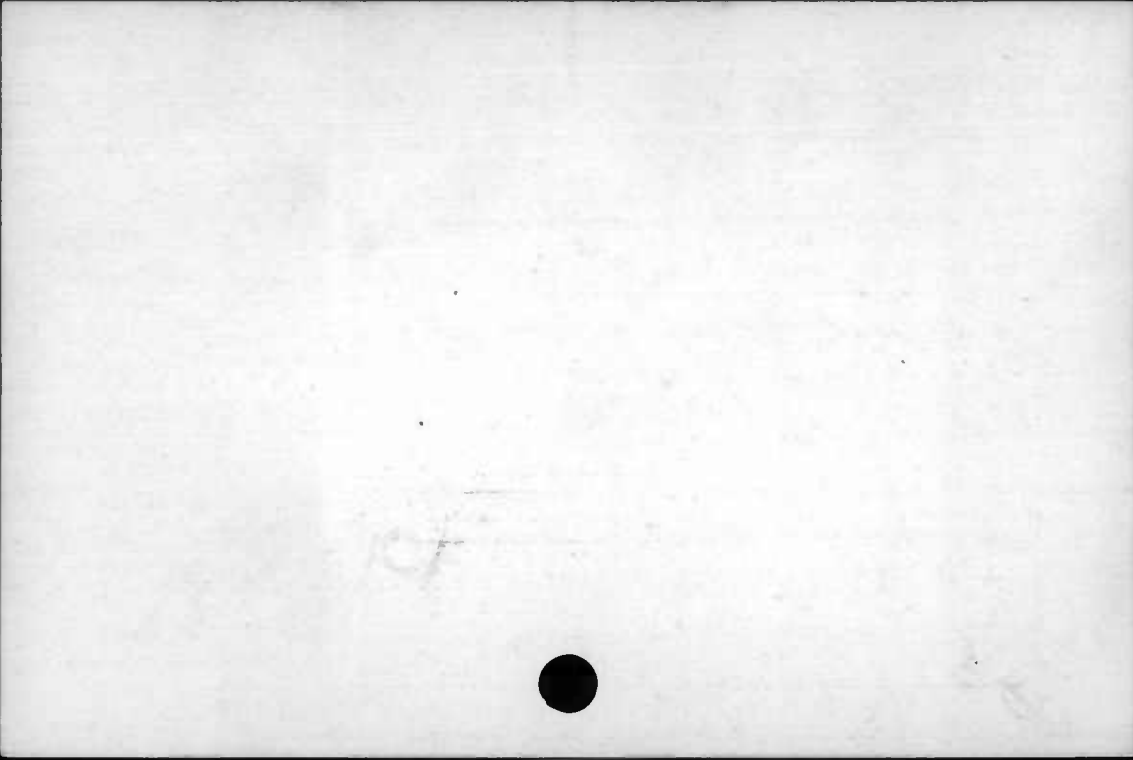
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> Pocomoke City Md		<sup>County</sup> Worcester		MARYLAND	
Date of death	1905	Month	Apr	Day	2
Age		Years	64	Months	6
Sex	Male	Color or Race	White	Birth-place	Pocomoke Md
Occupation	Ship Carpenter		Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband	Elizabeth McDaniel		
Father's Name	Peter McDaniel		Father's Birthplace	Pocomoke Md	
Mother's Maiden Name	Dora Snow		Mother's Birthplace	—	
Name of person giving information	Fred McDaniel		How related to deceased	Son	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Influenza	How long	2 Weeks
Immediate	Prostration	How long	6 Weeks
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	R. Lee Hall
		Address	Pocomoke City Md
Accident or Suicide?			





Name  
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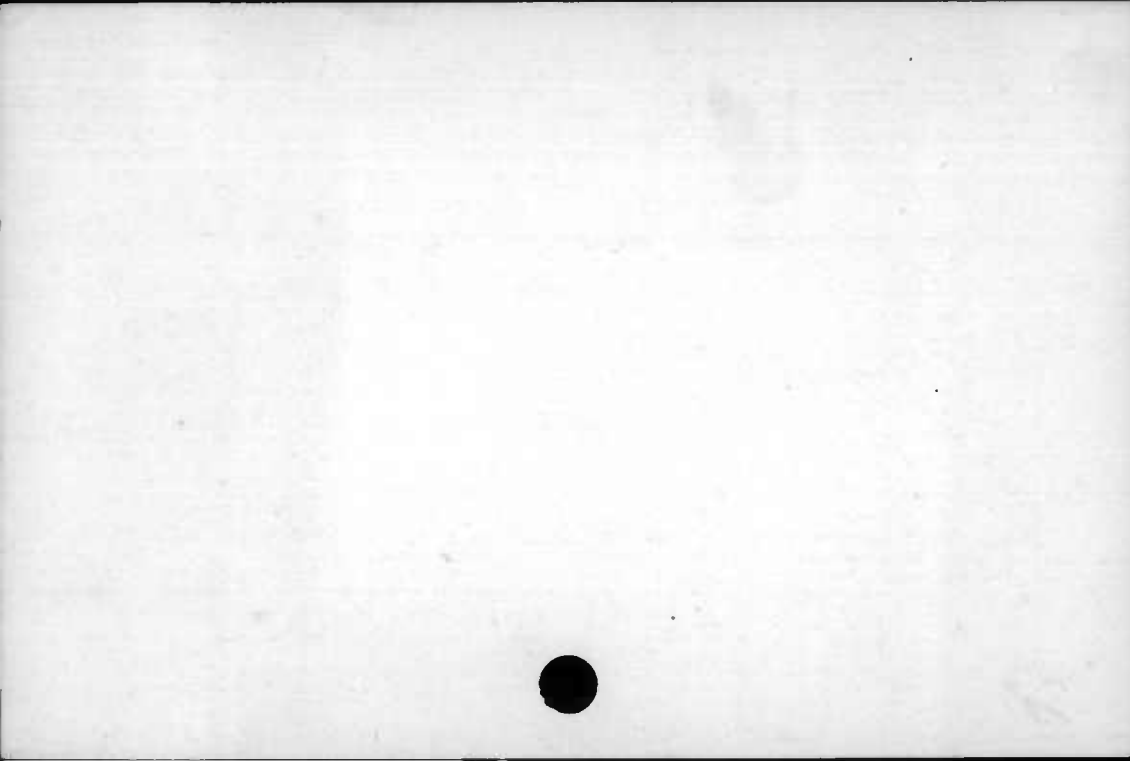
TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>Sarah J. Mills</i>		Town <i>Premont City</i>		County <i>Monester</i>		MARYLAND	
Died at		Date of death <i>1905 April 10</i>		Age <i>31</i>		Months <i>1</i> Days <i>14</i>	
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Md</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>✓</i>					
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>John P. Mills</i>					
Father's Name <i>Clayton Smith</i>		Father's Birthplace <i>Md</i>					
Mother's Maiden Name <i>Harriet Mills</i>		Mother's Birthplace <i>Md</i>					
Name of person giving information <i>John P. Mills</i>		How related to deceased <i>Husband</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Chfisis Fluids</i>	How long <i>about 3 months</i>
Immediate <i>Dianhwa</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. Wilson M. D.</i>
	Address <i>Premont City</i>
Accident or Suicide? <i>✓</i>	



Name  
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Stephen W. Nicholson

CERTIFICATE OF DEATH

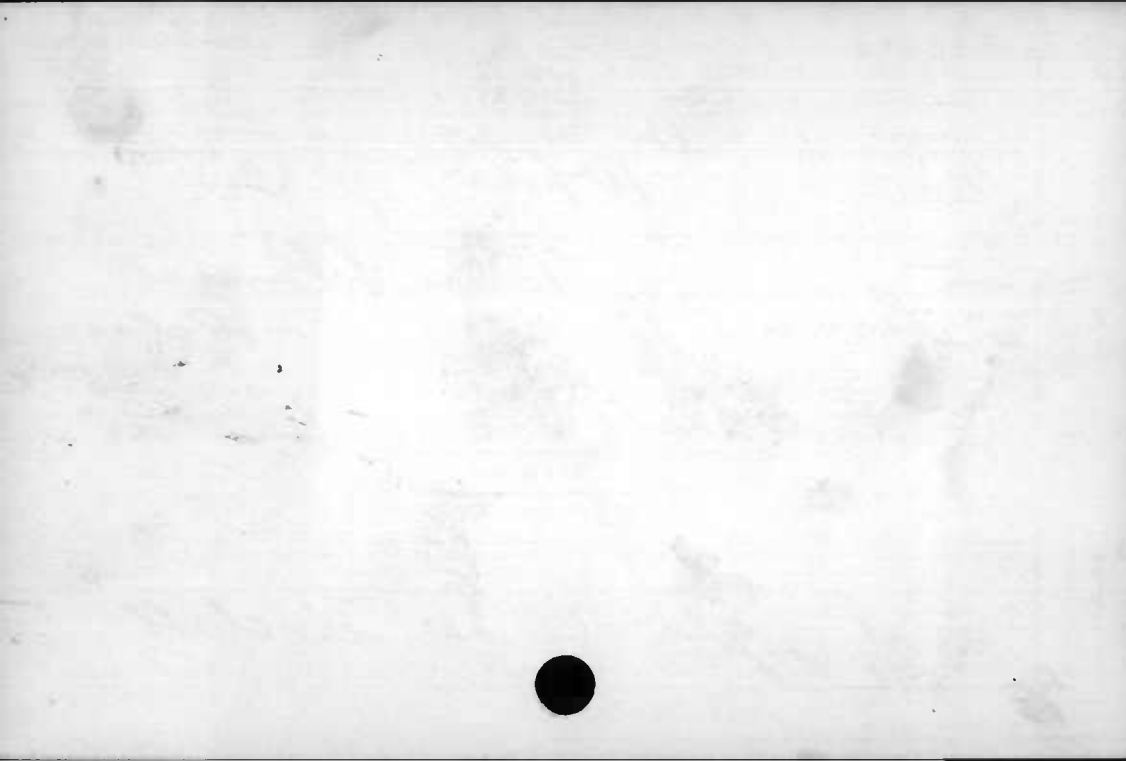
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>near Snow Hill</i>		Town <i>Snow Hill</i>		County <i>Worcester</i>		MARYLAND	
Date of death <i>1905</i>		Month <i>April</i>	Day <i>9</i>	Years <i>59</i>	Age		Months <i>1</i> Days <i>7</i>
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Worcester Co. Md.</i>			
Occupation <i>Farmer</i>				Where Residing if not at place of death			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Amanda</i>					
Father's Name <i>Brittingham Nicholson</i>				Father's Birthplace <i>Worcester Co. Md.</i>			
Mother's Maiden Name <i>Anna Sarah Mills</i>				Mother's Birthplace <i>Worcester Co. Md.</i>			
Name of person giving information <i>Amanda Nicholson</i>				How related to deceased <i>Widow</i>			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Organic disease of heart</i>	How long	<i>Don't know</i>
Immediate	<i>Dropsy</i>	How long	<i>10 months</i>
Are the name, age, sex, color, date and place correctly given above? <i>think so</i>		Signature of Physician <i>John Seydelotte M.D.</i>	
		Address <i>Snow Hill Md.</i>	
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

Irene Powell

Town

County

Died at

St. Martins

Worcester

MARYLAND

Date

Month

Day

Years

Months

Days

of death 1905

4

12

Age

29

Sex

Female

Color or  
Race

White

Birth-  
place

Delaware

Occupation

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
Husband

George S. Powell

Father's  
Name

Lemuel Hudson

Father's  
Birthplace

Delaware

Mother's  
Maiden NameMother's  
BirthplaceName of person giving  
information

Charles Dennis

How related  
to deceased

## CAUSES OF DEATH

Primary

How long

Immediate

How long

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

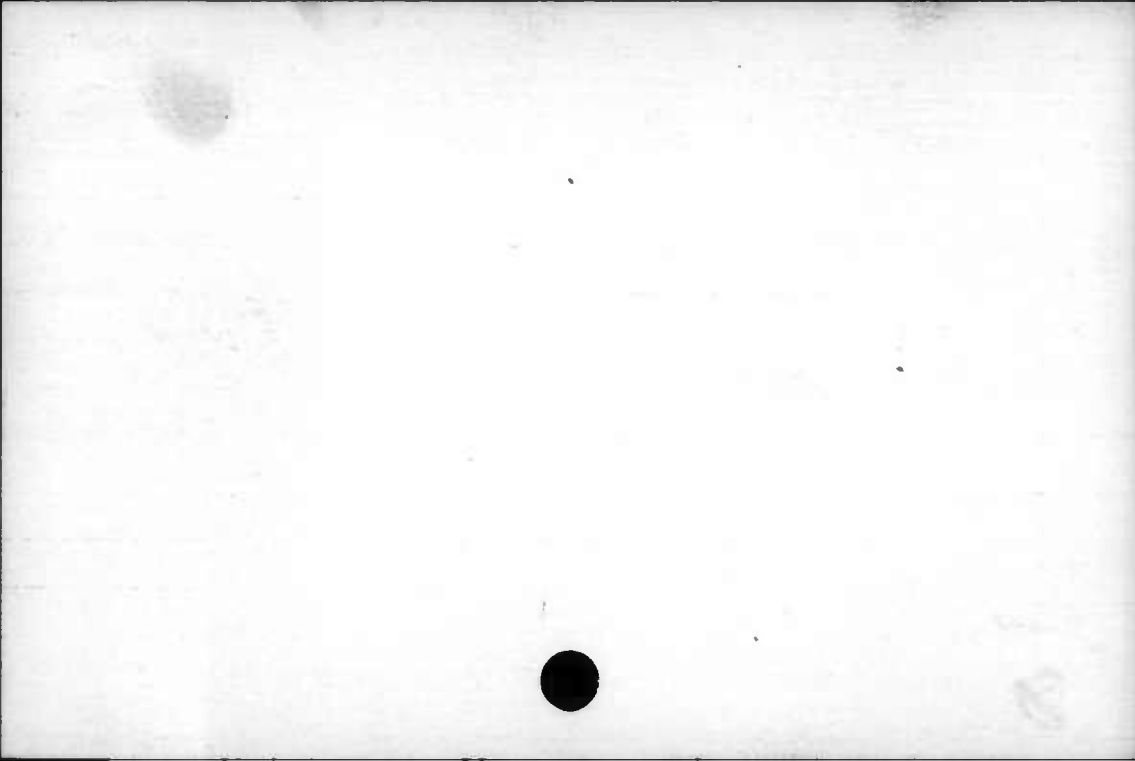
Les Tindall

Address

Whaleyville Md.

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

Laura Predeaux

CERTIFICATE OF DEATH

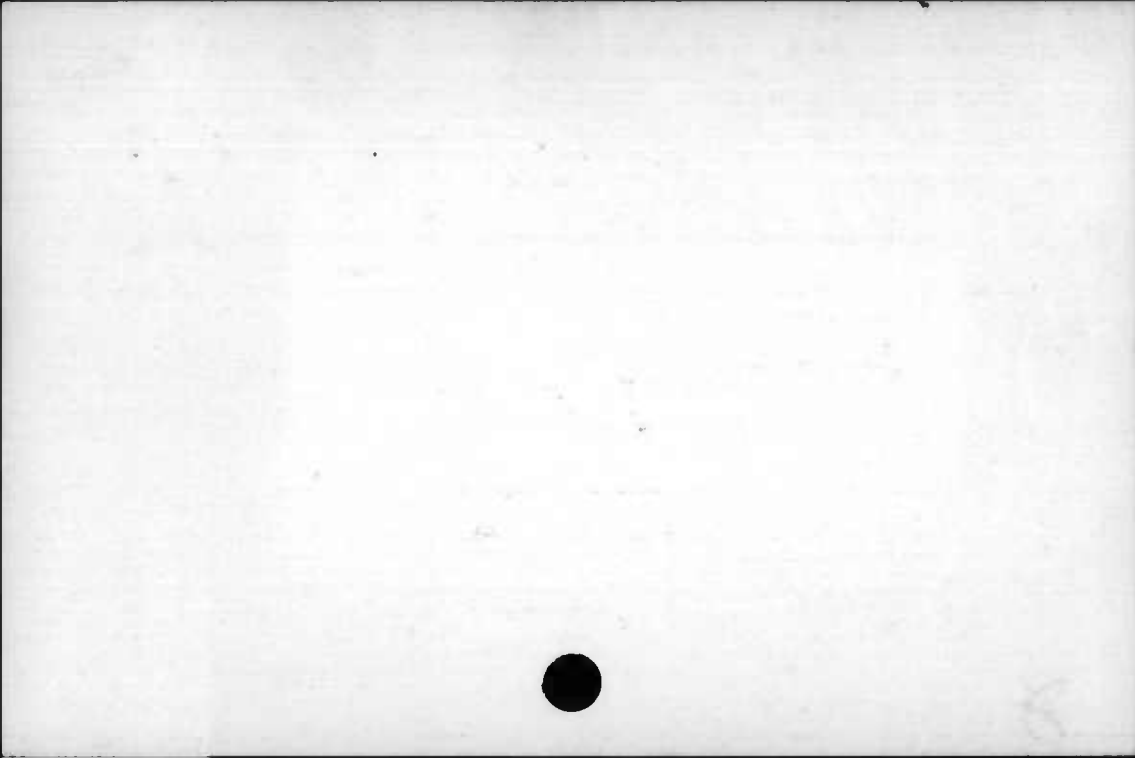
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Quaker</i> Town		<i>Worship</i> County		MARYLAND	
Date of death <i>1906</i>	Month <i>4</i>	Day <i>2</i>	Years <i>17</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Ind</i>		
Occupation <i>Servant</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Isaac Predeaux</i>			Father's Birthplace <i>Ind</i>		
Mother's Maiden Name <i>—</i>			Mother's Birthplace <i>—</i>		
Name of person giving information <i>Elijah Bowen</i>			How related to deceased <i>None</i>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Consumption</i>	How long	<i>1 1/2</i>
Immediate		How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Dr. A. G. Lette</i>	
		Address <i>Brownsville Ind</i>	
Accident or Suicide? <i>8</i>			





Name  
in  
Full

CERTIFICATE OF DEATH

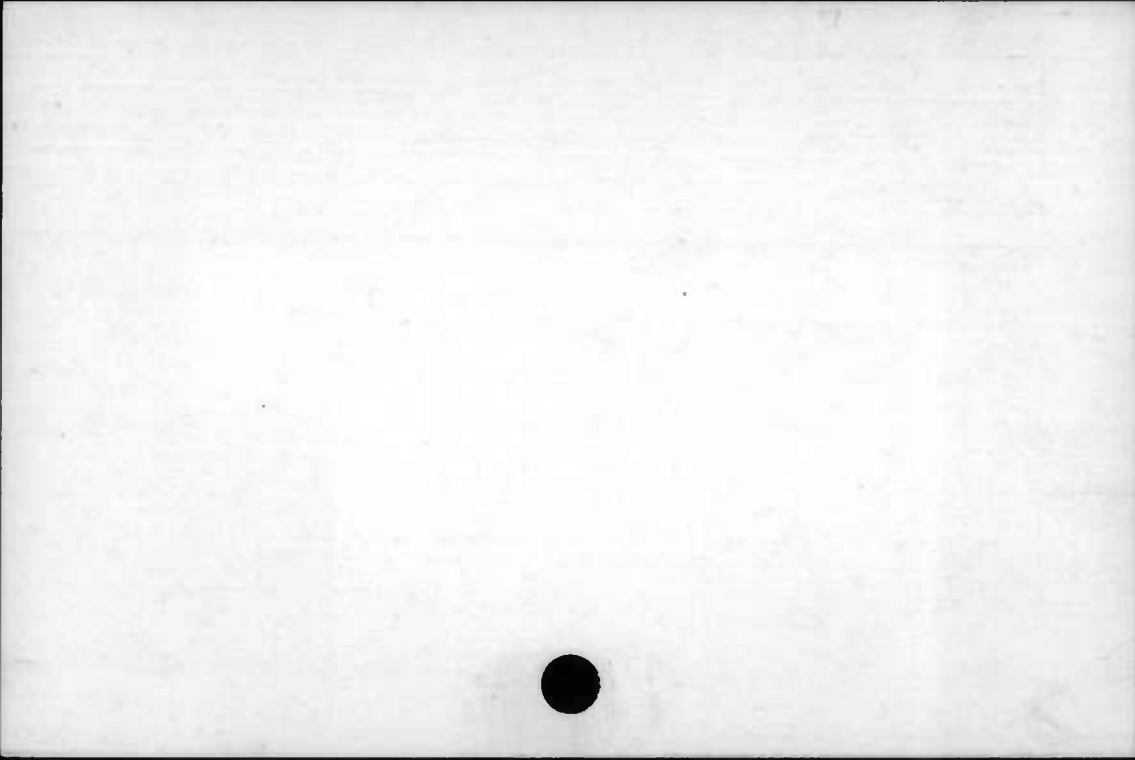
TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>John B Richards</i>		Town <i>Newark</i>		County <i>Worcester</i>		MARYLAND	
Died at <i>Newark</i>		Month <i>4</i>		Day <i>10</i>		Age <i>72</i>	
Date of death <i>1904</i>		Months		Years		Days	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Ind</i>			
Occupation <i>Retired</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Elizobeth</i>					
Father's Name <i>—</i>		Father's Birthplace <i>Ind</i>					
Mother's Maiden Name <i>—</i>		Mother's Birthplace <i>Ind</i>					
Name of person giving information <i>James Adkins</i>		How related to deceased <i>Brother</i>					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Paralysis</i>		How long <i>66</i>	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Physician <i>Dr Paul Jones</i>	
		Address <i>Snow Hill Ind</i>	
Accident or Suicide? <i>8</i>			



**PHYSICIAN  
OR CONSUMER**

Willie Andrew Selby  
Died at Stockton <sup>Town</sup> Worcester <sup>County</sup>

# CERTIFICATE OF DEATH

Died at <u>Stockton</u>		<u>Worcester</u>		MARYLAND	
Date of death <u>1905</u>	Month <u>4</u>	Day <u>26</u>	Years <u>Age</u>	Months <u>3</u>	Days <u>18</u>
Sex <u>male</u>		Color or Race <u>Black</u>		Birth-place <u>md</u>	
Occupation <u></u>			Where Residing if not at place of death <u>md</u>		

<div style="display: flex; justify-content: space-between;"> <div> <p><del>Name of Deceased</del></p> <p>Father's Name</p> <p>Mother's Maiden Name</p> <p>Name of person giving Information</p> </div> <div> <p><i>George P. Selby</i></p> <p><i>Sarah Ward</i></p> <p><i>Edward Hardy</i></p> </div> </div>		<div style="display: flex; justify-content: space-between;"> <div> <p><del>Name of Wife or Husband</del></p> <p>Father's Birthplace</p> <p>Mother's Birthplace</p> <p>How related to deceased</p> </div> <div> <p><i>and</i></p> <p><i>and</i></p> <p><i>uncle</i></p> </div> </div>	
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### CAUSES OF DEATH

Primary	How long
Heart-failure	170

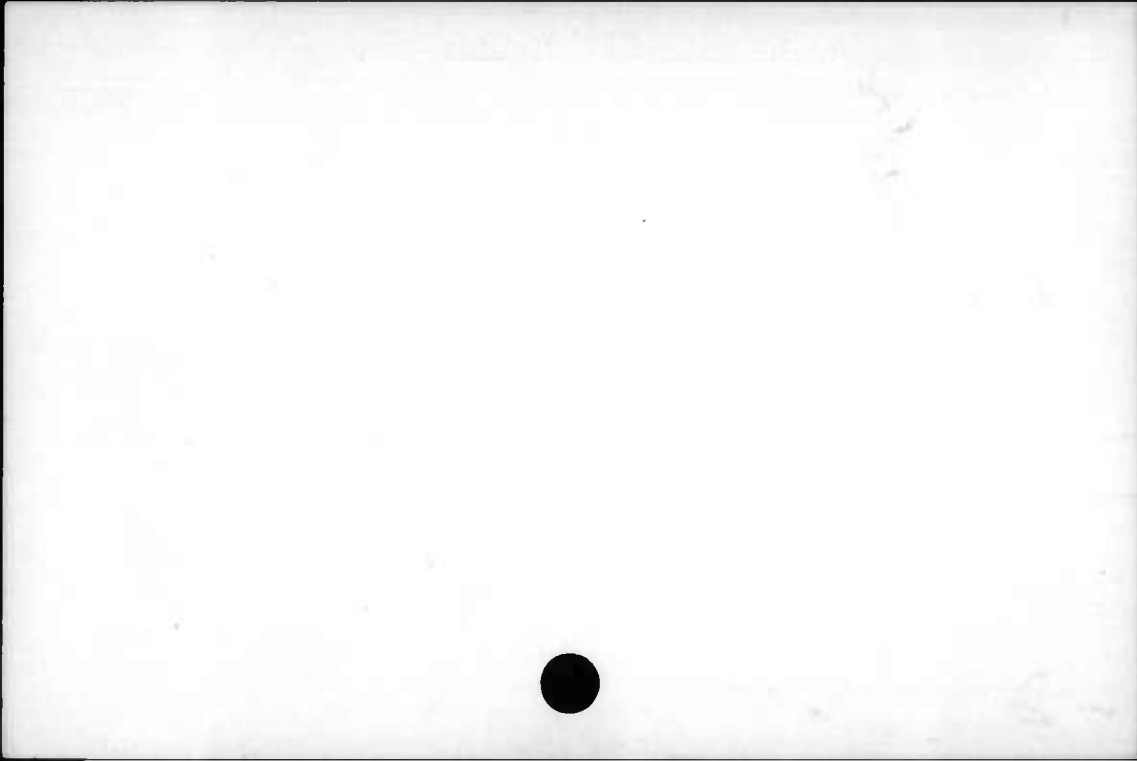
Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

### Accident or Suicide?



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Paromoke city</i>		County <i>Worcester</i>		MARYLAND
	Date of death 190 <i>5</i>	Month <i>april</i>	Day <i>20</i>	Age Years <i>9</i>	Months Days
	Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth- place <i>Worcester Co</i>	
	Married, Single or Widowed <i>single</i>		Occupation <i>—</i>		
	Name of Wife or Husband <i>—</i>				
	Father's Name <i>Julius Smith</i>			Father's Birthplace <i>Somerset Co</i>	
	Mother's Maiden Name <i>Ella Taylor</i>			Mother's Birthplace <i>Worcester Co</i>	
Name of person giving In formation <i>Julius Smith</i>			How related to deceased <i>Father</i>		
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary <i>Typhoid Fever</i>			How long <i>3 weeks</i>	
	Immediate <i>wasted away</i>			How long	
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>			Signature of Physician <i>Samuel S. Quinn</i>	
				Address <i>Paromoke city</i>	
Accident or Suicide? <i>—</i>					



Name  
in  
Full

Theodore Stagg

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>near Snow Hill</i>		Town <i>Worcester</i>		County	
Date of death <i>1905</i>	Month <i>4</i>	Day <i>11</i>	Age <i>83</i>	Months <i>1</i>	Days <i>21</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birthplace <i>New York State</i>		
Occupation <i>Farmer</i>			Where Residing if not at place of death <i>✓</i>		
Married, Single <i>Single</i>			Name of Wife or Husband <i>✓</i>		
Father's Name <i>Jacob Stagg</i>			Father's Birthplace <i>N.Y. State</i>		
Mother's Maiden Name <i>Lucy Newell</i>			Mother's Birthplace <i>New Jersey</i>		
Name of person giving information <i>Montgomery Stagg</i>			How related to deceased <i>Son</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>14</i>	How long	<i>1</i>
Immediate	<i>General Debility</i>	How long	<i>1</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>W. A. Strangbein, M.D.</i>	
		Address <i>Snow Hill. Md.</i>	
Accident or Suicide? <i>✓</i>			





Name

in  
Full

Matilda Bull

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at Greensboro <sup>Town</sup>

County

Worcester

MARYLAND

Date of death 1905 <sup>Month</sup> April <sup>Day</sup> 2Age 81 <sup>Years</sup>

Months

Days

Sex FemaleColor or  
RaceWhiteBirth-  
placeMd.

Occupation

Where Residing if not  
at place of deathMarried, Single  
or WidowedMarriedName of Wife or  
HusbandFather's  
NameFather's  
BirthplaceMother's  
Maiden NameMother's  
BirthplaceName of person giving  
InformationFrank BullHow related  
to deceasedSon

## CAUSES OF DEATH

Primary

Old age

How long

Immediate

Cardiac Dropsy

How long

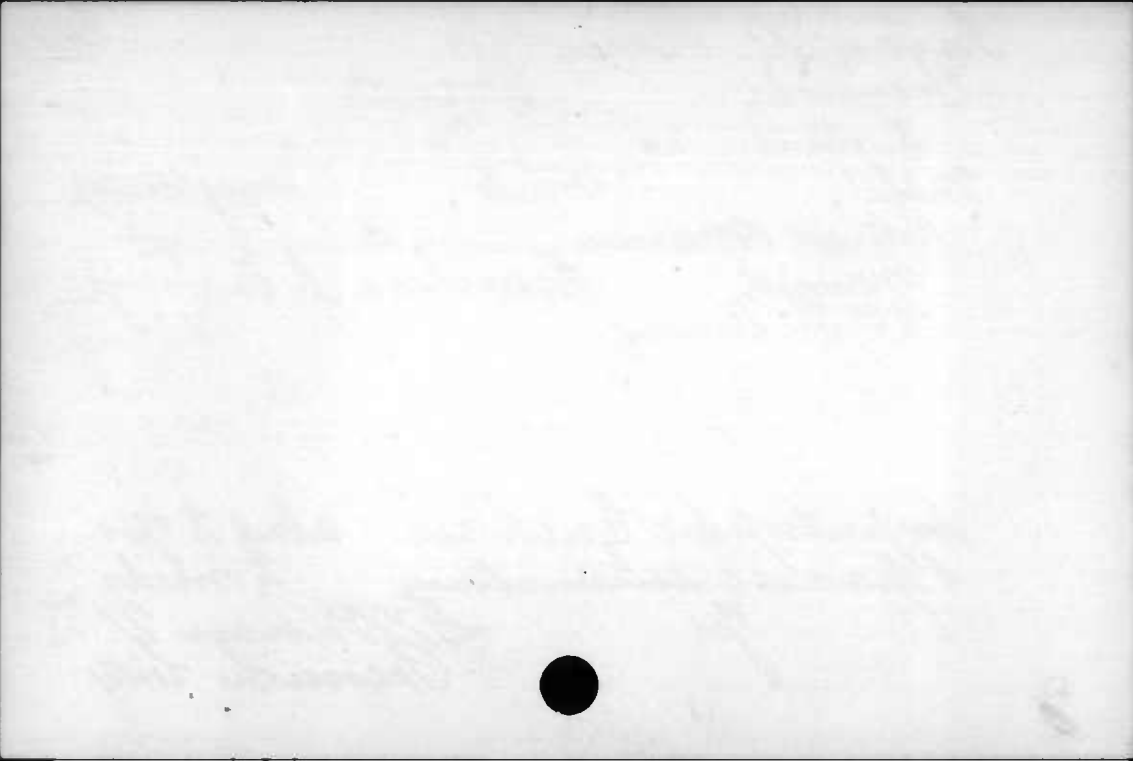
3 monthsAre the name, age, sex, color, date  
and place correctly given above?YesSignature of  
Physician

Address

Paul JonesSnow Hill Md

Accident or Suicide?

—



Name  
in  
Full

## CERTIFICATE OF DEATH

Isaac T. Veasey

Town

Crownsville

County

Meester

MARYLAND

Died at

Date

of death 1905 April

Month

Day

26

Age

Years

72

Months

Days

Sex

Male

Color or  
Race

White

Birth-  
place

Maryland

Occupation

Retired Marine

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Married

Name of Wife or  
Husband

Berushera J. Veasey

Father's  
Name

J. T. Veasey

Father's  
Birthplace

Md.

Mother's  
Maiden Name

Do not know

Mother's  
BirthplaceName of person giving  
Information

E. J. T. Veasey

How related  
to deceased

Son

## CAUSES OF DEATH

Primary

Hypertrophic Cirrhosis

How long

about 2 yrs

Immediate

Gradual exhaustion

How long

2 mths.

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

J. Mikage M.D.  
Crownsville City

Accident or Suicide?

r

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

J



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

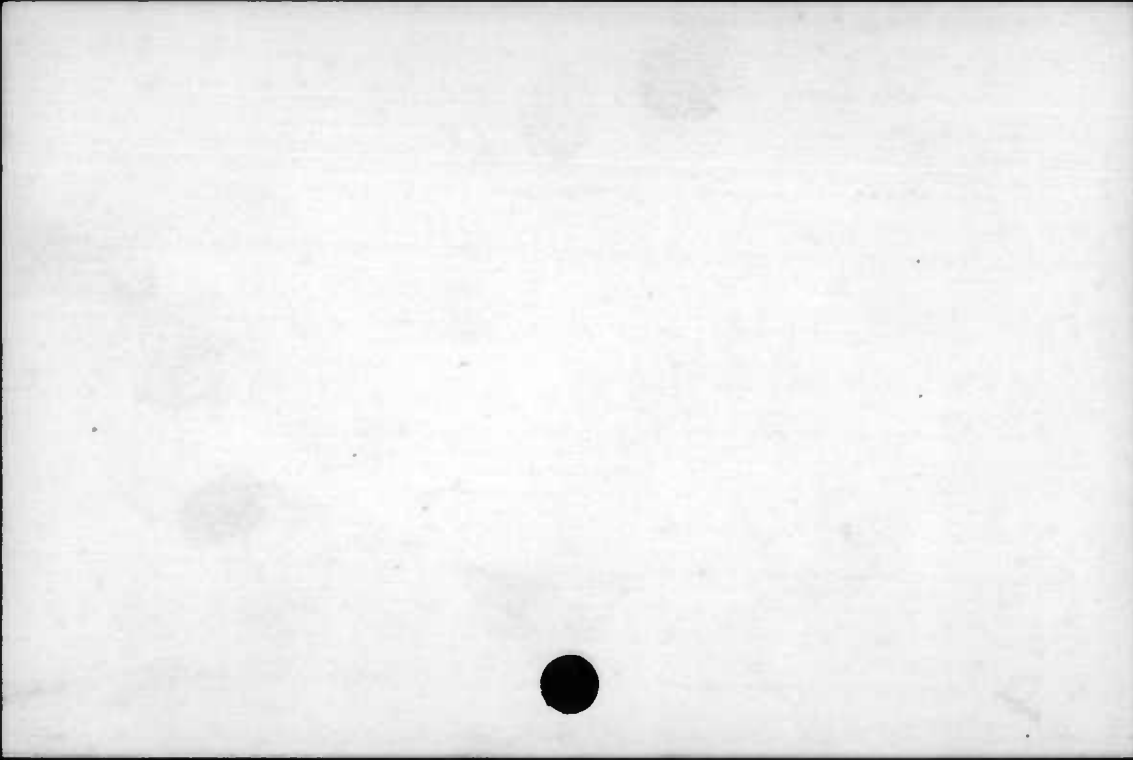
MARYLAND

Died at <i>Pocomoke City</i>		Town <i>Walsh</i>		County <i>Wicomico</i>	
Date of death <i>1905</i>	Month <i>April</i>	Day <i>6</i>	Age <i>-</i>	Years <i>-</i>	Months <i>-</i>
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>-</i>		
Occupation <i>-</i>			Where Residing if not at place of death <i>-</i>		
Married, Single or Widowed <i>-</i>			Name of Wife or Husband <i>-</i>		
Father's Name <i>Wm Walsh Jr</i>			Father's Birthplace <i>Pa</i>		
Mother's Maiden Name <i>Annie J. Stand</i>			Mother's Birthplace <i>Pa</i>		
Name of person giving information <i>-</i>			How related to deceased <i>-</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Still Born</i>	How long
Immediate	<i>Still Born</i>	How long
Are the name, age, sex, color, date and place correctly given above?	<i>-</i>	Signature of Physician <i>J. M. Wilson M. D.</i>
	<i>-</i>	Address <i>Pocomoke City Md.</i>
Accident or Suicide?	<i>-</i>	



Name  
in  
Full

*Agnes West-*

CERTIFICATE OF DEATH

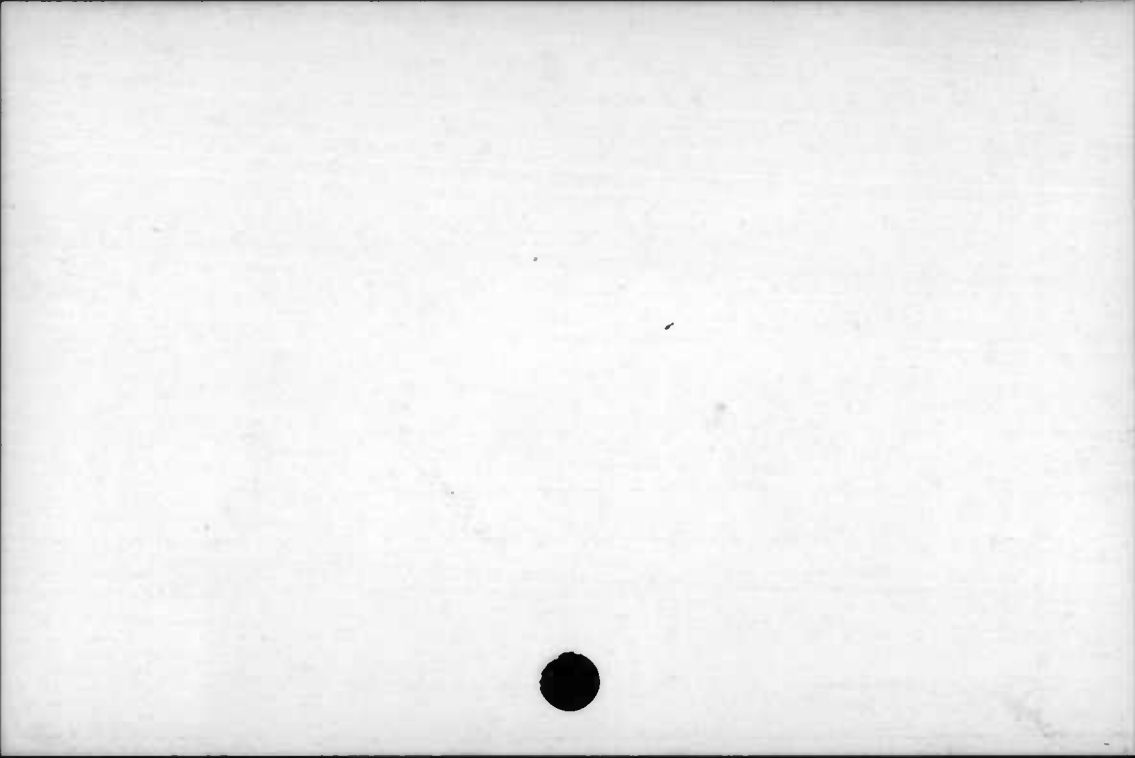
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Newark</i>		County <i>Worcester</i>		State <b>MARYLAND</b>	
Date of death		Month <i>4</i>	Day <i>27</i>	Age <i>51</i>	Years	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Ind</i>				
Occupation <i></i>				Where Residing if not at place of death <i></i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i></i>					
Father's Name <i>Manchester West-</i>				Father's Birthplace <i></i>			
Mother's Maiden Name <i></i>				Mother's Birthplace <i></i>			
Name of person giving information <i>Ara P Bowers</i>				How related to deceased <i></i>			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Buried</i>	How long <i>16</i>
Immediate <i>Shock</i>	How long <i>12 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Ebe Holland</i>
	Address <i>Berlin Ind</i>
Accident or <del>Self</del> <i>?</i>	





Name  
in  
Full

Mollie S. White



CERTIFICATE OF DEATH

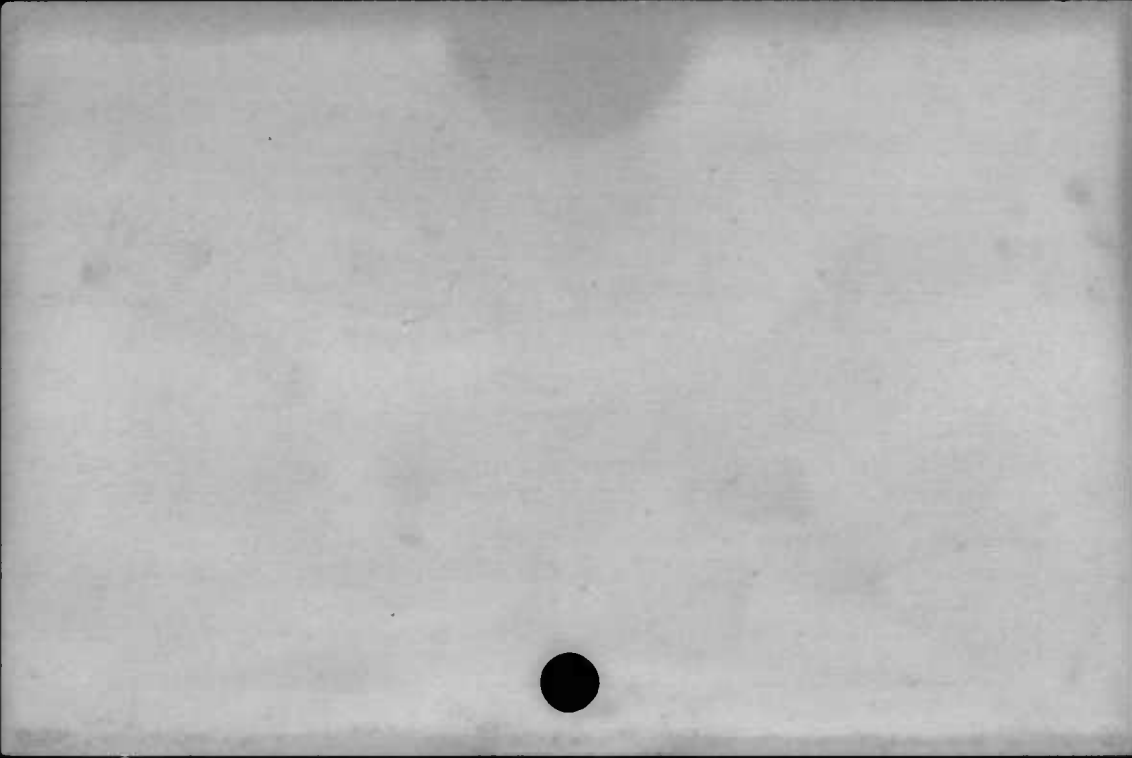
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Pocomoke City</i>		County <i>Thurston</i>		State <i>MARYLAND</i>	
Date of death	<i>1905</i>	Month <i>April</i>	Day <i>22</i>	Age <i>42</i>	Months <i>0</i> Days <i>0</i>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Pocomoke, Md.</i>		
Occupation <i>Housewife</i>	Where Residing if not at place of death <i>Philadelphia, Pa.</i>				
Married, Single or Widowed <i>Married</i>	Name of <del>Wife</del> Husband <i>Albert S. White</i>				
Father's Name <i>A. J. Cranner</i>	Father's Birthplace <i>N. J.</i>				
Mother's Maiden Name <i>Amelia Boston</i>	Mother's Birthplace <i>Md.</i>				
Name of person giving information <i>Eduard M. Ross</i>	How related to deceased <i>No relation</i>				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Acute Deformans</i>	How long	<i>4 years</i>
Immediate	<i>Exhaustion</i>	How long	<i>1 week</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. P. Wilson</i>	
		Address <i>Pocomoke City</i>	
			
			
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Snow Hill

Town

County

Worcester

MARYLAND

Date

of death 1905

Month

April

Day

17

Years

Age 65

Months

—

Days

—

Sex

female

Color or  
Race

white

Birth-  
place

Md

Occupation

Housewife

Where Residing if not  
at place of death

—

Married, Single  
or Widowed

Married

Name of Wife or  
Husband

Stephen H Wilson

Father's  
Name

—

Father's  
Birthplace

—

Mother's  
Maiden Name

—

Mother's  
Birthplace

—

Name of person giving  
In formation

Hazel Wilson

How related  
to deceased

Daughter

## CAUSES OF DEATH

Primary

Consumption

How long

2

years

Immediate

Exhaustion

How long

24 hours

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Paul Jones

Address

Snow Hill

Md

Accident or Suicide?

PHYSICIAN  
OR CORONER

